

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re
Wildhorse Meadows, LLC
Debtor(s)

) Case No. **18-32267-tmb11**
)
) NOTICE OF DEBTOR'S
) AMENDMENT OF MAILING LIST
) OR SCHEDULES D, E, F, E/F, G AND/OR H

I. FILING INSTRUCTIONS FOR DEBTOR(S):

- A. File this form to add or delete creditors from the mailing list and/or Schedules D, E, F, E/F, G and/or H, or change the amount or classification of a debt listed on schedules D, E, F and/or E/F. An amendment filing fee is required.
- B. If filing in paper, you must also include a creditor mailing list with ONLY the NEW or DELETED creditors listed in the format set forth on Local Form 104. Be sure to label each set of changes (i.e., "Add", "Delete", etc.).
- C. If amending Schedules D, E, F, E/F, G and/or H, label them as "Supplemental" and include ONLY the NEW information, and file them with this notice.
- D. If amending Schedules D, E, F and/or E/F, you must also file Official Form 106Sum for individual debtors, or Official Form 206Sum for non-individual debtors.
- E. If the case is closed, you must also file a separate Motion to Reopen with the applicable filing fee.
- F. To file an address change for a previously listed creditor, use Local Form 101C instead of this form.

II. SERVICE INSTRUCTIONS FOR DEBTOR(S):

- A. **When adding creditors:** Serve each new creditor with a copy of this notice, and a copy of any of the following documents that have already been filed in this case:
 1. **(All chapters)** The Notice of the Meeting of Creditors that includes **all 9 digits** of any Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
 2. **(All chapters)** Each applicable amended schedule.
 3. **(All chapters)** When the time for filing a timely proof of claim or complaint under 11 USC §523(c) or §727 has expired, a separate notification that adding the creditor may not result in discharge of the debt. [Note: You must create this notification.]
 4. **(Chapter 7 or 11)** Any order, and any supplemental order, fixing time for filing a proof of claim form.
 5. **(Chapter 9, 11, 12, or 13)** (a) The notice of any pending confirmation hearing, all related documents required to be sent with that notice and, in a Chapter 13 case, the most recent proposed plan; or (b) the most recent confirmation order, the most recent confirmed plan, and, if a confirmed Chapter 11 plan, the approved disclosure statement related to the confirmed plan.
 6. **(Chapter 11, 12 or 13)** Any notice of modification of plan, including attachments, if time for objection has not expired.
 7. **(Chapter 9 or 11 only)** The names and addresses of the Chairperson and any attorney for each official Committee of Creditors or Equity Security Holders.
 8. **(Chapter 9 or 11)** The notice of any pending hearing on a proposed disclosure statement, with attachments.
- B. **When deleting creditors, changing a creditor status (e.g., nondisputed to disputed), or reducing a creditor's claim:** Serve each affected creditor with a copy of this notice, the applicable amended schedule(s), and the following:
 1. **(All chapters)** A notice to each deleted creditor that: (a) the creditor is being deleted and will not receive further notices unless the creditor files a written request with the court that includes the debtor's name, full case number, and the creditor's name and mailing address; and (b) if time has been fixed to file a proof of claim, the creditor should contact his/her attorney with any claims questions.
 2. **(Chapter 9 or 11)** A notice to each affected creditor that a proof of claim must be filed by the later of either (a) 30 days from the service date of this notice, or (b) the latest time fixed by the court.

III. CERTIFICATE OF COMPLIANCE:

The undersigned, who is the debtor or debtor's attorney, certifies that: (A) all applicable requirements above have been completed; AND (B) the attachments are true and correct [or were individually verified by the debtor(s)].

Dated: 08/27/18

/s/ Douglas Pahl

Signature

Douglas Pahl 503.727.2000

Type or Print Signer's Name AND Phone No.

16900 Aspen Lakes Dr, Sisters, OR 97759 (1413)

Debtor's Address & Taxpayer ID#(s) (last 4 digits)

Fill in this information to identify the case:

Debtor name Wildhorse Meadows, LLC

United States Bankruptcy Court for the: District of Oregon

Case number (If known): 18-32267

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 4,128,895.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 1,757,815.55

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 5,886,710.55

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 4,891,860.95

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*.....

\$ 148,722.95

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*.....

+ \$ 376,203.94

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 5,416,787.84

Fill in this information to identify the case:

Debtor name Wildhorse Meadows, LLC
 United States Bankruptcy Court for the: District of Oregon
 Case number (if known): 18-32267

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

GT Capital

Describe debtor's property that is subject to a lien

Golf course and accompanying club house and restaurant located at 16900 Aspen Lakes Dr, Sisters OR 97759

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

\$ 4,891,860.95 \$ 5,886,710.55

Creditor's mailing address

101 N Main Ave
 Suite 325
 Sioux Falls, SD 57104

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 4,891,860.95

Fill in this information to identify the case:

Debtor Wildhorse Meadows, LLC

United States Bankruptcy Court for the: District of Oregon

Case number 18-32267
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Deschutes County Deschutes Services Building Bend, OR 97703	As of the petition filing date, the claim is: \$ <u>49,737.04</u>	\$ <u>49,737.04</u>
Date or dates debt was incurred <u>2014-2017</u>	Basis for the claim: <u>Taxes owed to governmental unit</u>	
Last 4 digits of account number <u>9857</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)		
2.2 Priority creditor's name and mailing address Deschutes County Deschutes Services Building Bend, OR 97703	As of the petition filing date, the claim is: \$ <u>98,985.91</u>	\$ <u>98,985.91</u>
Date or dates debt was incurred <u>2014-2017</u>	Basis for the claim: <u>Taxes owed to governmental unit</u>	
Last 4 digits of account number <u>0017</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (<u>8</u>)		
2.3 Priority creditor's name and mailing address _____ _____	As of the petition filing date, the claim is: \$ _____	\$ _____
Date or dates debt was incurred _____	Basis for the claim: _____	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address Aspen Investments, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan
Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number N/A _____	
3.2 Nonpriority creditor's name and mailing address Keeton-King Construction 18159 Hwy 126 Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contractor
Date or dates debt was incurred 7/17/2008 _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number N/A _____	
3.3 Nonpriority creditor's name and mailing address Rodney Rice, CPA 120 Hickory St. NW Albany, OR 97321	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accounts Payable - Professional Exp.
Date or dates debt was incurred 2016-2017 _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number N/A _____	
3.4 Nonpriority creditor's name and mailing address Sisters Aggregate & Construction, L.L.C. 17204 Hwy 126 Sisters, OR 97759	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Aggregate and services provided to debtor.
Date or dates debt was incurred 2006-2017 _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number N/A _____	
3.5 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
Date or dates debt was incurred _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	
3.6 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____
Date or dates debt was incurred _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
Last 4 digits of account number _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ 148,722.95
5b. Total claims from Part 2	5b. + \$ 376,203.94
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ 524,926.89

Fill in this information to identify the case:

Debtor name Wildhorse Meadows, LLC

United States Bankruptcy Court for the: District of Oregon

Case number (if known): 18-32267

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor	Column 2: Creditor	Check all schedules that apply:
Name & Mailing address	Name	
2.1 Aspen Investments, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Aspen Lakes Golf Course, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Aspen Lakes Utility Company, L.L.C. 16900 Aspen Lakes Dr Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Conida E. Cyrus 17204 Hwy 126 Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Kelly K. Cyrus 16929 Green Drake Court Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Matthew K. Cyrus 16929 Green Drake Court Sisters, OR 97759	GT Capital	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

[REDACTED] Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor****Name** UbX'AUJ]b['5 XXfYgg**Name***Check all schedules
that apply:*

7 O. Keith Cyrus
17204 Hwy 126
Sisters, OR 97759

GT Capital

-
- D
-
-
- E/F
-
-
- G

8 Pamela K. Mitchell
69339 Hinkle Butte
Sisters, OR 97759

GT Capital

-
- D
-
-
- E/F
-
-
- G

9 Sisters Aggregate & Construction, L.L.C.
16900 Aspen Lakes Dr
Sisters, OR 97759

GT Capital

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- D
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- E/F
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- D
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-
- E/F
-
-
- G

Fill in this information to identify the case and this filing:

Debtor Name Wildhorse Meadows, LLC
United States Bankruptcy Court for the: District of Oregon
Case number (*If known*): 18-32267

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

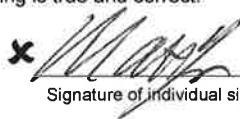
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule A/B, D, E/F, H and Summary of Assets and Liabilities for Non-Individuals
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8/27/2018
MM / DD / YYYY



Signature of individual signing on behalf of debtor

Matt Cyrus

Printed name

Managing Member

Position or relationship to debtor

Declaration Under Penalty of Perjury for Non-Individual Debtors